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SUBJECT: AVIAN INFLUENZA--CHINA UPDATE JAN/FEB 2009

REF: A)GUANGZOU 055 B)BEIJING 199 C)BEIJING 162 D)BEIJING 031  
E)GUANGZHOU 006 F)08 GUANGZHOU 737 G)08 BEIJING 4675 H)08 SHANGHAI  
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SUBJECT: AVIAN INFLUENZA--CHINA UPDATE JAN/FEB 2009

¶1. SUMMARY: (U) As the country shut down and the population traveled home for the Chinese New Year, four more cases of human infection with highly pathogenic avian influenza (HPAI), influenza A/H5N1, were confirmed (during the January 24-31 period) in the provinces of Guizhou and Hunan, as well as in the regions of Xinjiang and Guangxi, resulting in two additional deaths. The total number of confirmed cases reported in 2009 of humans infected by the highly-pathogenic H5N1 virus now stands at eight, five of which resulted in death. Official communications of confirmed cases to the public through state media, as well as to the World Health Organization (WHO) have been prompt, and in each case, provincial-level authorities implemented local "Highly Pathogenic Avian Influenza (HPAI) Rapid Response Plans," which reportedly involved comprehensive epidemiology investigations and quarantine and close medical observation of patient contacts. According to Chinese Ministry of Health (MOH) reports, epidemiological investigations found that all eight patients had contact with live poultry or sick birds prior to their illness. END SUMMARY.

¶2. (U) Mission China previously reported on four confirmed cases of HPAI A/H5N1 (REFS B/C/D)(confirmed January 6-19, 2009) that resulted in three deaths occurring in several different geographic areas ranging from the city of Beijing to Shanxi, Shandong, and Hunan Provinces. The lead-up to the Lunar New Year on January 26 saw an additional four cases, also involving varied regions. MOH has confirmed each of the cases, and Chinese media has reported widely on the below information.

¶3. (U) On January 24, the Xinjiang Autonomous Region Health Bureau confirmed a 31 year-old female in Urumqi was infected with influenza A/H5N1. Initial onset was on January 10 and the patient was hospitalized soon after. The Xinjiang Center for Disease Control (CDC) collected a sample of respiratory secretions from the patient on January 22 for testing, and confirmed infection with influenza A/H5N1 on January 24. The patient had already passed away on January 23, before the case was conclusively confirmed. The epidemiological investigation found the patient to have been exposed to a live poultry market. Observation of the patient's contacts yielded no abnormal symptoms. The woman was the fourth case to die

in China in January.

¶4. (U) On January 25, the sixth case this year of human infection with influenza A/H5N1 in China was reported. A 29 year-old male resident of Guiyang City, Guizhou Province fell ill on January 15. The Guizhou CDC collected a sample on January 23, and infection with influenza A/H5N1 was confirmed and announced on January 25. This patient also had exposure to a live poultry market. Medical observations showed no additional illness among family members and close contacts.

¶5. (U) As reported in REF A, MOH on January 26 confirmed that an 18 year-old man in south China's Guangxi Zhuang Autonomous Region became the seventh human case and fifth fatality in China from influenza A/H5N1 in 2009. The patient began showing symptoms on January 19 while in the city of Beilu. Samples from the patient were tested and confirmed an unspecified number of days afterwards, and the patient was transferred to a Red Cross hospital in Yulin. The patient died on January 26, the same day the case was made public. The likely cause of infection is still under investigation, although since the patient was from a rural village area, officials speculate that he had come in contact with sick chickens.

¶6. (U) The final confirmed human case of infection with influenza A/H5N1 thus far in 2009 was reported on January 31, involving a 21 year-old female from Xupu County in Hunan Province. The woman initially exhibited symptoms on January 23, was eventually transferred to the provincial capital of Changsha on January 29, where samples were collected and tested. She reportedly had contact with sick and dead poultry before falling ill. Hunan CDC confirmed on January 30 that she had been infected with influenza A/H5N1. The

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patient remains in hospital in stable condition.

¶7. (SBU) In six of the eight cases, a 10 to 14 day period elapsed from the date the patient initially fell ill to when the influenza A/H5N1 virus was confirmed and officially announced, indicating a long period during which the symptoms presented were likely assumed to be caused by a human seasonal influenza virus or other common respiratory pathogen. This would have prompted patients either to refrain from seeking prompt medical attention or doctors to delay in moving the case from village or neighborhood clinics to major hospitals in provincial capitals, which are better equipped to collect clinical samples, and/or where a provincial CDC or key laboratory would be able to confirm infection by the influenza A/H5N1 virus. Two other cases were confirmed and reported seven and eight days after initial symptoms (paras 5 and 6); however, one patient died the day the case was confirmed, the other is in stable condition.

¶8. (U) Separately, an infant girl living in Shenzhen was treated in a Hong Kong hospital in late December 2008 (REFS E/F) and confirmed to have had a different strain of influenza virus found in birds, influenza A/H9N2. Press reports placed her family's residence in Shenzhen near a restaurant that deals with live poultry. The infant is assumed to have recovered fully.

¶9. (SBU) COMMENT: No epidemiologic or virologic link has been established among any of the cases reported this year. In addition, the Ministry of Agriculture's (MOA) surveillance of domesticated poultry flocks has not reported any die-offs or outbreaks in domestic flocks associated by time and place with any of these human cases. However, MOA acknowledges that the HPAI virus is widely circulating in China. Despite no corroborating evidence, some health officials have speculated that migratory birds may be the source of these human infections.

¶10. (SBU) Over the same AI "peak" period a year ago (November 2007 - March 2008), only five human cases of influenza A/H5N1 were confirmed and reported in China. This "season," only halfway through the five-month "season," eight human cases of influenza A/H5N1 and one of influenza A/H9N2 already have been confirmed in China. According to the CDC country director in Beijing, it is not yet clear whether the larger number of identified cases this year simply represents improved human cases surveillance and reporting

practices employed by local authorities, an absolute increase in incidence of the virus in humans, or a combination of both. More clarity to this question may come as the season progresses. Finally, the current situation also raises questions of how effective public education has been in the most rural areas, especially on prevention practices for "high threat" populations that live and work in close proximity to live poultry, their readiness to seek medical attention when influenza symptoms are first observed, and for local health workers, who for the cases this year still allowed several days to pass before referring cases upwards to a facility equipped to deal with suspected cases of infection with highly pathogenic avian influenza (HPAI). In spite of this, there have been no documented cases of easy, sustained human-to-human transmission among these cases. END COMMENT.

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